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The Use of Physical Activity to Promote Effective Coping and Life Skill Development in Minneapolis Sheltered Youth

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Master of Arts in Nursing

Kathleen M. Welle

The Use of Physical Activity to Promote Effective Coping and Life Skill Development in Minneapolis Sheltered Youth

2010

THE USE OF PHYSICAL ACTIVITY TO PROMOTE EFFECTIVE COPING AND
LIFE SKILL DEVELOPMENT IN MINNEAPOLIS SHELTERED YOUTH

Kathleen M. Welle, RN, BSN, OCN

Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2010

**Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

This is to certify that **Katherine M. Welle** has successfully defended her Graduate Project entitled **“The Use of Physical Activity to Promote Effective Coping and Life Skill Development in Minneapolis Sheltered Youth”** and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **April 27, 2010.**

Committee member signatures:

Advisor: Margaret Berger Date 27 April 10

Reader 1: Jan Brandt Date 4/27/10

Reader 2: Cheryl Layman Date 4/27/10

DEDICATION

This project is dedicated to the homeless youth at The Bridge for Youth. My hope in choosing to continue to pursue my education in this Master's program was that I would challenge myself in new ways to understand the disparities affecting individuals in our society. I chose a final project that would not be to complete my Masters, but that would benefit others in some way, no matter how hard the challenge. It is, you, the youth, that have taught me valuable lessons about life and allowed me to better understand the world around me. Now I have a heightened sense of myself and my true passion in life- helping those who are in need and learning the true meaning of being resilient.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank those who have helped me make this dream a reality. I would like to especially recognize Cheree Langmade, Tyler, Christina, ReeRee, and all the other staff at The Bridge for Youth who have been my mentors, my support, and my inspirations for working with homeless youth. I have learned more than I ever thought possible and will be forever grateful to you all.

I cannot go without saying thanks to my mentors, who have contributed to my education, my career, and are my true inspirations; Magdeline Aagard, Cheryl Leuning, Ruth Enestvedt, and Cheree Langmade.

Most importantly, thank you to those who have given me endless support throughout my adventures of traveling and education as I followed my passions in life; Mom, Dad, Liz, Ginger, Sarah, Cindy, Alyssa, Nikki, Becky, Ryan, Joe, Nick, and my grandparents. Thank you!

ABSTRACT

THE USE OF PHYSICAL ACTIVITY TO PROMOTE EFFECTIVE COPING AND
LIFE SKILL DEVELOPMENT IN MINNEAPOLIS SHELTERED YOUTH

KATHLEEN M. WELLE

DECEMEBER 2009

☐ Integrative Thesis

☒ Field Project

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CHAPTER ONE: INTRODUCTION

The recent increase in the number of homeless individuals in Minnesota has reached alarming proportions over the last decade, and with our country's recent financial crisis, that number continues to increase. Over 9,200 Minnesotans are without a place to sleep at night (Wilder, 2007). Many factors have contributed to the rise in homelessness; insufficient numbers of low-income housing, government cutbacks in welfare programs, lack of funding for non-profit organizations and a low minimum wage (Cobiella, 2009).

Youth are not spared from these conditions. Approximately fifteen percent of the homeless populations are youth, who represent persons ranging from ages ten to seventeen (Wilder, 2008). Living on the streets creates many barriers to achieving an optimal state of health. Shelters have many people sleeping in close areas that are a breeding ground for the spread of communicable diseases. Life in a state of poverty poses many obstacles to maintaining proper hygiene, adequate nutrition, and can create feelings of hopelessness and despair (Gerberich, 2000). Death rates are almost four times as high among the homeless population in comparison to the general public (American Medical Student Association, 2008). These are just a few of the major issues that are involved with this critical situation.

The National Coalition for the Homeless reported that nearly 61% of homeless coalitions have seen an increase in the number of people seeking shelter since 2007 (Armour, 2008). Families with young children are the newest group seen at the shelters. The faces of those living on the street have drastically changed throughout the last two years. Local news groups have reported increased numbers of people forced into foreclosures due to the real estate crisis as well as the heightened level of unemployment

(Eckholm, 2009). Foreclosures, in turn, create increased numbers of properties being rented, which drives the housing market downward (Sard, 2009). The new faces of homeless families include those who were once middle-class residents, who are embarrassed by their current situation and are afraid to ask for help. They are the elderly who have to choose between house payments or medical bills, single mothers who have lost jobs and cannot meet the financial demands of raising a family alone, or people who have lost their homes and jobs that were approved for loans they could not afford to repay (Eckholm, 2009; field notes, March 2009).

Youth are affected by these circumstances in multiple ways; parents may be forced to place their children into temporary shelter, stress levels create strained family relationships, medical care may not be available, and youth may have to change school frequently due to relocations (Wilder, 2008). The United States department of Health and Human Services reported “Youth who have become homeless, or who leave and remain away from home without parental permission, are at risk for developing a disproportionate share of serious health, behavioral, and emotional problems. They lack sufficient resources to obtain care and may live on the streets for extended periods.” (Administration for Children and Families, 2004, p.1) This re-enforces the urgent need for affective action to be taken with this marginalized population.

Homeless Youth in Minneapolis: An Overview

As the number of adults living without permanent shelter increases, the number of children facing a life of homelessness has reached shocking levels. The McKinney-Vento Act defines homeless youth as “individuals who lack a fixed, regular, and adequate nighttime residence.” (United States Department of Housing and Urban Development,

2002, Section 725). This includes youth who are living in motels, camping grounds, cars, friend's houses, shelters, or substandard accommodations. For the purposes of this paper, youth, or young persons, will refer to children ages ten to seventeen, as this is the age group the author interacted with at the shelter.

Between 2007 and 2008, schools nationwide have reported an 18% increase in homeless students (Cobiella, 2009). A recent survey on homelessness, estimated that in 2006 between 550 and 650 youth (ages eighteen and younger) experience homelessness on any given night in the state of Minnesota (Wilder, 2008). These are just statics that neglect to include youth who remain hidden from the public eye, as in situations included in the McKinney-Vento definition of homeless youth. As our country and state struggle with economic deficits, the resources available to these youth are decreasing in number. These individuals have fewer places to turn for shelter or food and are left feeling alone and hopeless. The risks to the young person living on the street are significant. According to the U.S. Department of Health and Human Services Bureau, the consequences related to childhood or adolescent abuse affect a child in terms of physical health, psychological well-being, and behavioral choices (2008).

Developmental Needs

Successful development in the teenage years is crucial as the individual matures to adulthood. According to Erickson's stages of development, adolescence is a time when the young person discovers his or her personal identity and key roles the individual is responsible for in life (Stanhope & Lancaster, 2008). During this time, youth are making crucial choices, influenced by peer relationships. They also begin to develop a sexual identity and to recognize sexual affections (Able-Peterson & Wayman, 2006).

The issues that arise for the youth can be understood by discussing the psychosocial theory of Maslow. If an individual lacks safety and the basic needs of life, it is impossible for him or her to be motivated, or to achieve, the next level of development proficiently (Maslow, 1943). This gives reason for the need for effective interventions with the youth.

Understanding the Circumstances in Brief

As discussed earlier, homeless youth are at risk for many types of abuse. According to the U.S. Department of Health and Human Services Bureau, the consequences that occur from childhood or adolescent abuse affect a child in terms of physical health, psychological well-being, and behavioral choices (2008). Young persons, who have experienced abuse, whether physically, emotionally, or sexually, are at a higher risk of developing depression, anxiety, eating disorders, drug use, teen pregnancy or attempting suicide. Homeless youth are also at higher risk of becoming involved in further abusive relationships (U.S. Department of Health and Human Services, 2008). One abuse experience topples upon another, and these marginalized youth have little or no emotional support without the use of community services or outreach programs.

Street culture provides homeless youth with a sense of belonging. Youth are able to relate to one another as they share similar experiences and develop trusting relationships with one another within this social setting (Haldenby, Berman, & Forchuk, 2009). The problem is street culture promotes youth participating in risky behaviors together such as drug use, prostitution or stealing.

Homeless youth in Minneapolis are among the most vulnerable and medically

underserved populations in the community that present with a multitude of unique health care needs, risks, and considerations (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008). The Wilder Research Study reported in 2006, of the homeless youth interviewed in the Twin Cities, approximately 35% stated that they experienced barriers to receiving care; mostly in relation to the lack of money or insurance (Wilder, 2008). In addition, many homeless youth lack trust in adults including health care workers and shelter staff or are not aware of the resources available in the community creating further barriers to care (Aviles & Helfrich, 2004; Karabanow, 2004). Many of the homeless youth have adapted ineffective coping skills, experience mental health issues, and participate in risky sexual practices such as survival sex (Christiani et al., 2008). All these factors, including factors involved with their critical time in development, prevents adoption of optimal health practices.

Significance of the Project

The author of this thesis spent hundreds of hours developing relationships with youth affected by homelessness and was able to gain insight into their stories and lives. Access to this marginalized group of individuals was granted through the author's role as a nurse working within emergency shelter services, transitional living programs and street outreach activities provided by The Bridge for Youth. The Bridge for Youth is a youth shelter located in Minneapolis that has been in existence since the 1960s. The philosophy at the shelter is family reunification, development of life skills, and effective counseling services. The experiences the author had at The Bridge for Youth, along with conversations with cultural guides, provided the author a glimpse into the lives of homeless youth in the city of Minneapolis.

The youth sheltered at The Bridge for Youth rarely have time to participate in physical activity. According to the World Health Organization, physical activity is essential to achieving an optimal state of health for youth (Porter, 2003). Unfortunately, the Center for Disease Control and Prevention has reported “our nation’s young people are, in large measure, inactive, unfit, and increasingly overweight” (Center for Disease Control and Prevention, 2000, p.1). The number of overweight youth has doubled in the last two decades (Center for Disease Control and Prevention, 2000). Homeless youth are not spared from this statistic. Young persons living on the streets are more likely to engage in a sedentary lifestyle and eat low-cost, high-calorie foods, which contributes to poor physical and mental outcomes (Schwarz, Garrett, Hampsey, & Thompson, 2007).

The World Health Organization, during its Move for Health initiative in 2003, discussed the ongoing benefits that sports and play provide to youth in all aspects of health especially focusing on self-esteem, stress reduction, and self-expression. Going back to the work of Erickson, play is essential in order for children to learn social skills and effectively develop into adults (Henley & Colliard, 2005). The author combined the use of sports to aid in the development of life skills or obtaining effective coping mechanisms to create a sports therapy group. International non-profit groups have been successful in combining the use of play with the development of life skills such as conflict resolution, health education, or positive self-esteem. A group of this type that has received significant media attention is Right to Play, an organization founded by a former Olympian, Johann Olav Koss (Right to Play, 2010).

The purpose of this project is to provide youth with alternative ways of coping with the personal struggles they face. The project aims to help them navigate their life in

the streets, to develop trusting relationships within a group setting, and to attain effective lifestyles. Using the model of sports group, with support from the Right to Play program, the author of this project sought to implement a sports group in Minneapolis. The organization, Right to Play, provided the author a sample of games and counseling that has been successful with teens abroad (Right to Play, 2010). The author developed a program and sports therapy group for the implementation with the homeless youth at The Bridge for Youth. Staff members from the shelter evaluated the sports group each week by assessing the mood or cooperation level of the youth before and after the session, the benefits the staff noticed of the activity, and what changes would make the group more effective for the youth.

Theoretical Framework for the Project

The theory of Health as an Expanding Consciousness, developed by Margaret Newman, has guided the development of the sports therapy group. Newman's theory is based on the original teaching of Martha Roger that humans are unitary beings in constant relationship with their environment through the continuum of health (Newman, 1999). The foci of Newman's ideas revolve around thinking of people as a whole, affected by relationships, patterns, and circumstances. Newman (1999) stated "The task (of the nurse) is not to try to change another person's pattern but to recognize it as information that depicts the whole and relate to it as it unfolds" (p.13). This includes the patterns that occur throughout illness and disease, as these times are seen as changes in one's energy or change in their relationship with their environment (Flanagan, 2009).

Family and community are aspects of a person's whole that are affecting him or her, which is important to remember when working with this marginalized population

(Newman, 1999). The youth are in a state of conflict, separated from his or her family, and are in a new, unstable environment where the future may be unknown. This pattern of loss, or change, in a youth's relationship with family and surrounding, must be focused on throughout the interaction (Newman, 1999). It may be a time of chaos in the teen's life, where disharmony is controlling the current pattern development. Newman describes this time as "learning how to transcend a situation that seems impossible, to find a new way of relating to things, and to discover the freedom that comes with transcending the old limitations" (p.99).

During the interaction, the author consciously practiced the work of Newman as the sports therapy group unfolded. For example, examining the interactions that occurred with the youth during the sports therapy session was crucial. This allowed the author to recognize patterns that occurred during the relationship in order to identify limitations that may exist in the environment or personal interaction (Picard & Jones, 2005). This examination then allows for the author to distinguish ways that allowed for profound relationships to be made and will heighten the level of consciousness practiced. The author used this way of knowing to practice effectively in therapeutic communication with the youth and to develop heightened levels of connectedness during these interactions. (Picard & Jones, 2005).

Conclusion

Homeless youth are a marginalized culture in our society. The resiliency of this population is remarkable. It is crucial that the transcultural nurse aid these youth in finding inner strength, making healthy choices, and being a source of support for the youth. By developing and implementing this model of integration, the author was able to

organize a time of physical activity, social interaction, relationship building, and positive reinforcement. The processes and relationships unfolded throughout the sessions. The model of integration allowed the author to experience personal and professional growth, acknowledge the profound impact of teamwork, and practice the use of intentionality. Most importantly, the author was able to enter into the culture of youth through the youth's eyes, a remarkable, life changing experience.

CHAPTER TWO: REVIEW OF RELEVANT LITERATURE

Overview of Sports Therapy

The use of sports to help facilitate peace and trauma relief has been of recent focus worldwide. International non-government organizations (NGOs), humanitarian organizations, and sports federations have collaborated in recent years to provide programs in the international arena, with few programs being created in the United States. The programs focus on implementing peace, conflict resolution, communication skills, health education, gender equality, social inclusion, youth empowerment, and trauma relief (Henley & Colliard, 2005). This movement is growing, and further research is being conducted to evaluate its effectiveness. These efforts correlate with the goals of our nation as stated in *Healthy People 2010*, which focus on increasing youth's involvement in physical activity (United States Department of Health and Human Services, 2000).

Right to Play is a non-profit organization that has gained considerable media attention for its dedication to working with children in times of adversity. Johann Olav Koss, a four-time Olympic gold medalist in speed skating, created the organization. It combines sports and therapy to aid children affected by poverty, war, and disease (Right to Play, 2008). His organization is working worldwide, and he is currently working on opening the first program here in the United States. Right to Play has developed manuals and teaching plans that implement different issues and the use of sports to help implement change.

At the Magglingen Conference on Sport and Development in 2005, psychologist Robert Henley and executive director Claire Colliard, presented the use of sports to

overcome trauma in youth. Their conclusions were that sports played a significant role in aiding the youth through the process of healing. Also, research has firmly supported the use of sports and play in promoting healthy development through a person's adolescence (Henley & Colliard, 2005). Play is a way of learning social skills, self-control, self-expression, and resolving conflict. In times of adversity, the use of sports therapy can help one find resiliency and support in the community.

Literature Review Regarding Sports Therapy

Few groups have attempted to combine sports therapy groups with homeless, or marginalized youth in the United States. Cameron and MacDougall (2000) conducted a primary research study on preventing crime in the homeless youth population with the use of sports in Australia. It was found that homeless youth involved in the group had a heightened sense of belonging and learned about resources available in the community. However the direct link between sports and prevention of crime was not found (Cameron & MacDougall, 2000).

A study conducted by Schmalz, Deane, Birch, and Davison (2007) focused their research on linking physical activity levels and self-esteem in non-Hispanic, adolescent girls. The findings were conclusive. The girls involved high level of physical activity, especially starting at a young age, reported having a higher level of high esteem. The study was limited in its small research population size.

Another study also supported the idea that sports involvement and individual benefits written by Mynard, Howie, and Collister (2009). This research studied participants of a community-based football team, and the benefits team members

experienced. Many benefits were discovered such as team building, creation of friendship, development of cooperation skills, and creating a sense of belonging. The study was limited to one team and was conducted in Australia. Further research needs to be done to confirm that the findings are reliable.

Sallis, Prochaska, and Taylor (2000) analyzed the connection between physical activity and youth. The research focused on identifying patterns that lead to youth involvement in sports. Such factors such as parental influence, sex, access, and weight status were identified. The study neglected to formulate a plan of change to overcome these barriers.

A nonprofit group in Philadelphia called, Back On My Feet, used sports to boost the self-confidence and health of homeless youth (Docksai, 2009). Participants jogged in teams three times a week for a two-month period. Homeless youth in the group reported an increase in self-esteem, motivation, and productivity (Docksai, 2009).

Overall, the research and other articles clearly identify the benefits that sports have for youth, especially youth experiencing crisis. Such benefits include building of self-esteem, stress relief, social skill development, learning fair play, conflict resolution, promoting healthy practices, and decreased levels of anxiety or depression (World Health Organization, 2003; Cameron & MacDougall, 2000; Sallis, Prochaska, & Taylor, 2000; Mynard, Howie, & Collister; Schmalz, Deane, Birch, & Davison, 2007). No research has been conducted using sports therapy with the homeless youth population in Minneapolis.

Case Study: Gaining Understanding into Life on the Street for Youth

Becoming Homeless

Homeless youth is a culture in our society that remains hidden, and little is known or researched involving the circumstances that they confront. Historically, articles were first written acknowledging runaway youth starting in the 1920's, but information has remained limited (Oliveira & Burke, 2009). The culture of homeless youth remains on the periphery, and youth remain isolated from mainstream society. The need for intervention is crucial. Nucci and Young-Shim stated, "Human beings cannot live a fulfilling life in isolation." (2005, p.123).

Justice, a seventeen year old, has been living on the streets since she was thirteen. She first left home because her mother was using cocaine. Her mother often verbally and physically abused Justice. Her mother also had many different men coming in and out of their home. Justice did not feel safe. So, she packed her bags and moved in with her best friend. Justice's mother figured out where she had been staying, and demanded that she return home. So, Justice ran away. She left the small, rural town where she grew up in southern Minnesota, and took the bus to downtown Minneapolis.

Upon arrival, a couple, which could tell that the young Justice was lost and scared, approached her. They took her out to eat and promised her a new outfit, if Justice would simply repay the favor by going out on a date with their friend. Justice agreed. The man she met, who was suppose to be Justice's first survival sex encounter, asked Justice how old she was. When she said thirteen, the man replied, "I have a daughter who is thirteen." The man dropped Justice off untouched at a local youth shelter.

Youth have been introduced into a life on the streets for multiple reasons. These reasons can be labeled as throwaways, runaways, or abandoned youth (Kidd, 2008). These ways of identifying youth are limited and invite judgment. The whole of the experience cannot be placed into one adjective. Take the story of Justice. She chose to exit one situation to face another challenge. The cycle rotates, the barriers change, but

the end goal does not: finding safety and feeling as though they belong.

The circumstances involved in a youth leaving home are complex. Many homeless youth have left an unstable home setting (Yoder, Whitbeck, & Hoyt, 2001). The youth may be a victim of physical abuse, mental abuse, sexual abuse or neglect (Oliveira & Burke, 2009). The youth identify him or herself as homosexual, transgender, or bisexual, which has angered family members and has caused family members to abandon the youth (Saewyc et al., 2006). Families may have been separated because of economic hardships, divorce, or other instabilities (Karabanow, 2008). The youth may be in the foster care system, and have had negative experiences where youth choose to be on his or her own instead of deal with the system (Kidd, 2008). The circumstances are endless, and each youth has a different experience.

Coping with Circumstances

When Justice first became a runaway, she was placed in foster care after her mother gave up her legal rights of Justice. She had to leave many of the homes she was placed in because of fights with other kids in the home or experiencing abuse by the foster care parents themselves. She bounced from home to home and from school from school. She had enough. She was dating a guy who was twenty-one, and he had his own apartment, so she moved in with him.

At first, Justice couldn't have been happier. She felt so in love with boyfriend. But, soon he started verbally putting her down. She cried and didn't understand. He was the only person who loved her, so why was he saying these things? She was desperate, so she did whatever he asked hoping he would continue to love her. Soon, she was doing "sexual favors" for his friends, and before long she was sleeping with multiple men for money, because her boyfriend said he couldn't afford his apartment anymore if she did not sleep with this men for money.

She felt used, and confused. She started abusing prescription drugs to deal with the stress and jobs her boyfriend set up for her. She was stuck. Justice felt alone. She was scared that if she tried to leave, her boyfriend would find her and get violent with her.

Soon, she ran away from her boyfriend, but was in fear for her life, so she stayed on the streets with a group of other kids her age that had been in similar circumstances. They were a family. They slept on the streets together, stole money and food, used drugs together, shared stories of pain, and survived as a unit.

Shelter for homeless youth is of unconventional methods. The homeless shelters in Minneapolis can be utilized, but require sharing personal and private information or possibly contacting a youth's parent. In addition, the number of youth on the streets greatly exceeds the number of shelter beds available in the city (Terrell, 2008). Youth will often sleep in such areas as on friend's couches, in abandoned homes, in cars, at bus stations, or in a park (Wilder, 2008; Oliveira & Burke, 2009). The youth are often transient because they have been "lost in the shuffle," as stated by the Youth Services for the Child Welfare League (Slavin, 2001). Basically, youth are not involved in the medical system, welfare programs, or detention centers, so they are not accounted for.

The ways that youth cope with disparities are often risky to one's health. For example, Justice decided to live with her boyfriend instead of staying within the foster care system. Her boyfriend, who was significantly older than her, used her for sex and introduced her into prostitution. The sexual exploitation is often thought of in our society as being rape or forced sexual activities. But, the fact is that many times, youth, both male and female, are involved in survival sex to make money to eat, to have a place to stay, or attempting to find a sense of love (National Alliance to End Homelessness, 2009).

Approximately one in four homeless youth participate in forms of survival sex (Moriarty, 2009). Once a youth has been introduced into the sex trade ring, it is difficult to leave. It involves a web of abuse, control, money, violence, and lust (Johnson, Rew, & Sternglanz, 2006). Those that are able to exit the lifestyle have significant issues with post-traumatic stress disorder and are often embarrassed to

share their experiences for fear they will be stereotyped (National Alliance to End Homelessness, 2009).

Another way to cope with the challenges of being homeless is to deepen relationships with other youth on the streets (Halenby, Berman, & Forchuk, 2009). Youth can provide support and care for one another. Street culture provides the youth with the needed socialization and feelings of belonging required in this stage of development (Oliveira & Burke, 2009). The problem is that the street culture increases a youth's chance of becoming involved with drug use, stealing, and prostitution (Kidd, 2008; Johnson, Rew, & Sternglanz, 2006).

Homeless youth are five times more likely than other youth their age to abuse drugs and alcohol (Wilder, 2008). As in Justice's case, many youth report using chemicals as "self-medication" to cope with the circumstances or to deal with mental illness (Christiani et al., 2008). Using drugs and alcohol increases one's chance of experiencing further abuse, increases health disparities, and forms further barriers to exiting street life (Wilder, 2008; Able-Peterson & Wayman, 2006).

Health Disparities Encountered

Justice continued to live on the streets. Sometimes she would sleep on a friend's couch, find an abandoned home, stay under a bridge with her friends, or, she even slept in port-a-potties on cold, winter nights when her options were limited.

On her fifteenth birthday, was hospitalized for pelvic inflammatory disease. Shortly afterwards, Justice found out she was pregnant. She knew she had to change her life if she was considering going through with the pregnancy and keep the child. She thought "Finally, someone who will love me. A baby!"

Justice gave birth to a baby boy. Justice stayed at a housing project for homeless teen moms. She found a support system with the other girls and with the staff. She is working hard to finish high school and want to go to school to be a cosmetologist when she gets her diploma. She has a long, road ahead of her. But, Justice is resilient.

The Wilder Research Study in 2006 reported that, of the homeless youth interviewed in the Twin Cities, approximately thirty-five percent stated that they experienced barriers to receiving care, mostly in relation to the lack of money or insurance (Wilder, 2008). Many of the homeless youth have adapted ineffective coping skills, experience mental health issues, and participate in risky sexual practices (Christiani et al., 2008). These issues pose a threat to the development of healthy health practices of the youth, especially as they mature into adulthood.

Many health issues arise when living on the streets (Christiani et al., 2008). Not only are homeless youth more likely to be infected with a sexually transmitted infection, but other illnesses such as pneumonia, malnutrition, and wound infections are prevalent (American Medical Student Association, 2008). Homeless youth are more likely to suffer from mental illness such as depression, anxiety, or to commit suicide (Haldenby, Berman, & Forchuk, 2009). And, as in Justice's case, teenage pregnancy is seen in 35% of the population (Wilder, 2008).

Youth often struggle with personal beliefs, or perceived stigmas and stereotypes they may face, when accessing health care (Haldenby, Berman, & Forchuk, 2000). Previous experiences of abuse lead to teens associating adults with mistrust, or loss of control. The youth may be worried that the medical providers will not take their concerns seriously or may contact the youth's parent with personal information provided (Hudson, Nyamathi, & Sweat, 2008). Also, the teens may worry that health care workers will judge them on their lifestyle or assume the youth has chosen to live a life on the streets. This may create hesitation in the youth making health care appointments (Romeo, 2005).

As a result, they will wait until it becomes a serious situation, and will then be forced to utilize emergency rooms (K.Welle, personal communication, June 3, 2009).

Teens interviewed explained that they were unaware of the shelters, free clinics, and community services in Minneapolis (K.Welle, personal communication, April 29, 2009). Community service workers, in turn, described the hidden society of the homeless teen and the challenges they face attempting to intervene with the teens (Halenby, Berman, & Forchuk, 2009). Teens often reported feeling overwhelmed and stressed about everyday basic needs, such as water and food, and had lack of motivation to find medical care and even reported not wanting to know if they did have a medical issue to deal with (Aviles & Helfrich, 2004).

Many physical limitations have also been experienced by the youth who are without permanent residency. Many of the youth on the streets lack parental support, and have been cut off from the parent's health care insurance (Hudson et al., 2009). The inability to keep appointments due to work, school, or a lack of reliable transportation is also a great challenge (Aviles & Helfrich, 2004). Many clinics in the Twin Cities are available to youth without health care coverage and many of them charge youth based on a sliding scale. Outreach programs are also in place, which can assist the youth in a variety of ways. Outreach workers go into the community carrying green bags offering socks, condoms, and toiletries, as well as provide support and resources for the kids (Able-Peterson & Wayman, 2006). However, funding for these programs has been especially limited with the current economic conditions of the state, and are at risk of being terminated (K.Welle, personal communication, August 12, 2009).

Health care coverage is available to the homeless youth through Minnesota Health

Care Programs, such as Medical Assistance, General Assistance Medical Care, or MinnesotaCare (K.Welle, personal interview, June 2, 2009). Many of the youth are unaware of these programs, and the process of application and renewal is complicated (K. Welle, personal communication, May 13, 2009). Also, the coverage may be only a percentage of the cost of the care received, and the youth then faces dealing with medical bills and confusion over the process itself (K.Welle, personal communication, May 13, 2009).

Literature Review of Health as Expanding Consciousness Guiding Research

Many research studies have been conducted using Health as Expanding Consciousness, which have allowed nurses to advance their professional practice and overall knowledge. Flanagan (2009) used Newman's theory to develop a new model of care in a pre-surgical clinic. The researcher used the praxis process created by Newman, changed the environment of where physical care was given, and reflected on the changes. The nurses who participated in the study reported professional growth and patients experienced a sense of wholeness and care (Flanagan, 2009).

Hayes and Jones (2007) applied the theory to examining patterns in the life of incarcerated mothers. The nurses were able to gain understanding of the cycle of criminology and were able to identify patterns that occurred as mothers were preparing to return home. It allowed for the nurses to understand the human experiences, rationale of behaviors, and built trust between the nurse and patient (Hayes & Jones, 2007)

Noveletsky-Rosenthal and Solomon used the model to help advanced practice nurses develop a heightened level of nursing identity (Picard & Jones, 2005). Instructors

aided the nursing students in identifying patterns of interactions, suggested a more effective way of being, and students learned to use reflection in practice. Ways to demonstrate care and support were better understood and the quality of the patient-nurse relationships were heightened (Picard & Jones, 2005).

CHAPTER THREE: METHODOLOGY

Introduction

The issues affecting homeless youth are diverse and profound. The author's goal was to develop a program that would benefit the youth as well help them develop healthy and affective life skills. The idea came from researching programs that help youth cope with stresses such as poverty or violence through the use of sports. The majority of these programs have been developed in third world countries, instead of in the United States. The shelter has limited resources to develop such a group. The residents typically do not participate in physical exercise and spend the majority of their day in the shelter or at school. No sports therapy programs are in place in the Twin Cities for homeless youth. This is why the author decided to develop and implement such a program.

Proposal

Before the group could be developed, the author had to submit a written proposal to administration at The Bridge for Youth outlining the program details and any risks that may be present to the teens. The written permission was granted. Meetings regarding the group between the program developer and an administration staff were conducted throughout the project.

Population

Since residents at the shelter are separated by program such as the emergency services program or the transitional living program, only one program population was able to be chosen based on the Bridge's preference of keeping the populations separated. The emergency services program was selected. The residents in this program are typically only in the program for five days and the focus is family reunification. Both

males and females are in this program with ages ranging from ten to seventeen. Teens in this program are typically sheltered due to altercations with family members, abandonment, are run-a-ways, or are part of a new program that allows the Bridge to house youth that are awaiting their court dates for possible imprisonment in the juvenile detention center. The emergency services program can house up to sixteen youth. No consent was needed for resident involvement since they were not asked to evaluate the program and the shelter had given written consent for their participation. Many of the youth had previous experience with the researcher due to the researcher's long-term involvement at the center.

Staff

The Bridge for Youth has staff separated into teams A, B, and C. The researcher frequently worked with team A, and felt as though they had a good working relationship. For this reason, the researcher asked if this team of staff members would help implement the program. They agreed and helped identify areas that counseling was needed and helped during the actual sport group implementation process.

Space and Equipment

During the first month of the sports therapy group, the group was held each Tuesday outside at Kenwood Park for approximately one hour. The author provided the sports equipment and water each session. During the second month of the group, Kenwood Community Center donated a gym for one hour a week. The center also provided additional sports equipment for the group to use. The author of the program provided wristbands to the youth during games that needed physical reminders of who was on what team.

Development of the Sports Therapy Group

Background

The international non-profit group, Right to Play, was generous in their willingness to provide guidance to the author of the sports group. Right to Play workers provided sample lesson plans that they have found useful for their sports groups. Also, other international sports groups were researched to discover how they created their groups as well as their implementation process. The assistant basketball coach at Augsburg College provided teaching books that focused on physical education, team building, and self-esteem. These books were also analyzed and used to help guide the development of the program.

The author used knowledge that she had previously obtained regarding counseling and working with this diverse population. The author spent eight hours a week working in the emergency services program for approximately three months. Each week, the author participated in evening group for the residents in the program. Here, insight was gained into issues the teens face, how to best work with the youth, and how to most affectively implement a group.

Themes

Many themes could be drawn from the background research conducted. The main themes the author focused on were conflict resolution, communication, compromise, anger management, self-esteem, acknowledgement of personal strengths, and building teamwork. The author developed questions and situations that the group would discuss throughout the sports activity. The theme was discussed prior to the game, during, and at the end. The themes were typically chosen the day of the activity based on the

population of youth and goals that were created for the day. Both the author and staff selected the themes prior to the sports group.

Game Selection

The sports games selected were ones that involved teamwork and avoidance of extreme physical contact or aggression. The games also had to allow time for discussion and reflection. Some of the games were developed by the researcher to fit the needs of the group. Examples of the games are kickball, soccer ball, half court basketball, PIG, and ring toss (Appendix A & B).

Theory Implementation

An important part of the development of the sports group was to allow for flexibility and change as needed. Margaret Newman's theory of health as an expanding consciousness led this idea. For example, based on the events the residents had during the day, the group was not always held at the same time. The author had to be flexible and allow for staff to identify when the group should be held, and who should participate. This also allowed for researcher to spend time with residents prior to the group to learn of the present issues the residents were facing and the level of involvement she could expect.

Since the author created the games, some of the games designed had to be changed during the course of the therapy based on the fluency and mood of the participants. Sometimes one game worked effectively with one group, where it did not with a different population. The environment of the group had to be constantly re-evaluated, and adjustments had to be made. This reflects Newman beliefs that researcher

must “enter into the process with the client to be present with it, attend it and live it, even if it appears in the form of disharmony, catastrophe, or disease.” (Newman, 1994, p.99).

CHAPTER FOUR: EVALUATION

The sports therapy group was evaluated in multiple ways. Youth were not interviewed or asked input about the activity. Using the theoretical framework of Health as Expanding Consciousness, the author was able to continually assess how the game was being received by the youth. For example, some youth were less athletic. The author and staff would realize this, sometimes mid game, and would change the game being used in order to promote positive energy and more effective interaction. Simply changing the game being used would entirely change the experience of the group, and ultimately, led to more effective ways of interacting by all participants.

After each session, the author would journal regarding the experience. This allowed for pattern recognition. For example, if youth were disengaged or playing off in the corner when discussions were occurring, if the author raised her voice and demanded that the youth participate, it was a less effective method of communicating versus talking to the youth alone and re-iterating the youth's importance in the group.

Staff members at The Bridge completed written evaluations following the sports therapy groups for Youth. The staff was encouraged to be honest and as critical as they needed to be in order to allow for the betterment of the sports therapy group. Staff would place the evaluation in a folder in the medicine cabinet for the author to review the following week.

The first question asked was "Did you see a change in mood or a level of cooperation following the activity?" The themes of the reports from staff members were that the mood typically improved following sports therapy group. It was a time for staff and youth to use play to increase socialization and to enjoy a game. Some examples of

answers to the question above were “Absolutely. Before going to the park the youth was feeling down...After the activity the youth stated she was glad she did it because she felt better afterwards.” “Yes! Everyone was lethargic and low energy prior to group and after we got outside and started playing kickball the mood lifted completely and the energy shifted. People laughed, encouraged, and cheered for one another.” or “No, but that probably had a lot to do with the youth in the program.”

The second question asked to staff was, “In your opinion, was the sports group beneficial, and if so, what was beneficial about it?” All the evaluations completely agreed that the group was a positive experience. Examples of answers are, “Yes, I feel like it was beneficial because it allowed us all to laugh, but also prompted us to think about more serious things.”, “Yes! Adding positive attributes in was great due to the heavy feeling of the group work earlier.”, or “Yes, I think doing a formal sit down group would have proved very difficult.”

The final question asked to staff was, “What could be changed to make the group more effective?” The staff members had suggestions following each group. Some answers included “Continue to be willing to alter plans as needed.”, “Be mindful of how question are phrased and how many times youth have to answer questions.”, or “I think I should have had some staff stay back (at the shelter) since there weren’t many youth.”

The author of the sports therapy group project typically would meet the group at the shelter prior to the therapy. For example, she would meet with youth and complete health assessments or eat dinner with the group prior to the sports activities. This allowed for youth to get to know and develop a sense of trust with the author. The effectiveness increased if the author had met the youth prior to the sports therapy group.

The Bridge for Youth staff continually asks when sports therapy group is going to happen again. Staff members appreciated the activity and change to get the youth out of the shelter. Also, it allowed for some time of releasing stress and, often times, group members were laughing or encouraging each other.

CHAPTER FIVE: DISCUSSION

The findings of the sports therapy group project indicate the need for such a group. As a transcultural nurse, finding ways that are creative, and allowing youth to engage in play, are important to help the youth find inner strength and bond with others. If the youth are able to realize the importance of engaging in physical activity, they create healthy life style changes. The group allowed for a time of fun in a stressful situation for the youth. It was amazing how much the youth were willing to share, especially after they had been playing on a team. The mood and level of energy changed and, often times, significantly increased after group. By forming a bond, developing trust, the nurse can collaborate with youth to make healthy life choices, as guided by Newman's theory.

Advanced practice nurses can use this project and the background information provided in a variety of ways. The data pertaining to the marginalization of homeless youth is crucial knowledge for nurses to have in order to better the care of the youth. It does not simply mean that nurses are aware of the health care disparities that these youth encounter, but that nurses advocate for the youth in political arenas, teach others about the circumstances, and work to establish a trusting relationship with the youth. Nurses should be talking to their legislators about the issues that youth face. One example of this situation is that the state funding has been limited for youth shelters in Minnesota over the recent recession. The number of beds has decreased, staff members have been laid off, programs have been cut, and less community resources are available. Community clinics have also been affected by these budget cuts, as sliding scale fee to youth have been implemented.

Nurses can take the insight provided by this discussion, use it in practice, and

provide a heightened level of culturally congruent care. For example, nurses will be more aware of the possible fears the youth may have about going to the doctor, such as being stereotyped or reported to the police a runaway. The nurse can then work with the youth to help them feel supported, and collaborate as a team to overcome barriers to care. Exuding support stems from feelings of trust that develop from the ongoing relationship. Other examples of providing culturally congruent care would include refraining from use of medical jargon, explaining reasons for asking personal questions, meeting the youth in a comfortable surrounding (such as outreach), discussing personal barriers of going to a health care appointment, and describing privacy policies.

The program developed allowed the nurse to learn new ways of being, and the importance of laughing and collaborating. The author found that the use of humor heightened the level of engagement from the youth and increased participation in discussion. Playing sports allowed for the development of teamwork and was a way that trust was built. Also, using rules and fair play were beneficial in the relationship with the youth, as it allowed for a time of compromise and establishing rules that the youth helped create. Conflict resolution was often a focus of discussion during the group whether it focused on personal issues the youth were having with parental guardians, or if another youth violated the rules of the game. The youth were encouraged to discuss the situation using “I feel” statements and positive communication skills. If resolution of the conflict could not be made, staff would help the youth in their communication process with one another.

The program not only allowed for the nurse and counselors to develop further levels of trust with the youth, but the staff members at The Bridge for Youth developed

trust in the nurse. For example, in order to volunteer at The Bridge for Youth, a person must attend orientation sessions once a week for a month plus dedicate 400 hours to the organization. The author, and nurse, of this discussion was able to complete these commitments. When developing and implementing the group, the author was able to prove her dedication to helping this population and organization.

Because of the further level of trust developed, The Bridge for Youth allowed the nurse to develop and implement a pilot practicum for graduate nursing students at the shelter. This is the first time that students from Augsburg College have been able to gain access at The Bridge for shorter periods time (about 72 hours). The author was able to select the student for the pilot, develop the orientation, educate the student on the issues, support the student throughout the practicum, and provide feedback. Not only was this beneficial to the graduate student's education on homeless youth, but it allowed the nurse to share and collaborate with another nurse on the issues facing the population.

The sports group did not directly impact the health inequities that affect homeless youth, except for the benefits of exercise. What the group did do for health inequities was more of a long time focus as it allowed the youth to develop a relationship with the nurse, permitted the nurse to demonstrate care for the youth, and was the first step in the betterment of the physical health of the youth. Hopefully, it allowed youth to overcome stereotypes they have of health care workers. Also, since the nurse is at the shelter frequently, it should help allow the youth to trust the nurse when working on health related issues. The importance of physical activity was also discussed each session and many times the youth talked about how much they enjoyed exercising.

The staff members' evaluations demonstrated the change in the youth's attitudes

following the activities, and made the youth aware of how sports can help relieve stress and create teamwork. Staff members at the shelter have stated they would like to continue to have the sports therapy group. They saw it as an overall positive experience, and the youth were able to have fun and release energy. This would be a great activity for future nurses or nursing students to arrange, as the foundation has been laid. It would be difficult for the shelter staff to plan such an event because of the time commitment involved with finding a location for the group, selecting group topics, providing the proper equipment, setting up the games, and buying supplies. Organizing such a group is easier when an individual not directly working with the youth that day implements it.

Implications for nursing practice following the sports group involve around personal health. For example, physical activity needs to be focused upon starting at a young age in order to facilitate healthy patterns. Many times nurses focus on treating an infection or providing vaccinations to youth. Nurses need to place as much, if not more, attention on a youth's involvement in group activities and physical challenges. It will aid in development of the youth's socialization as well as physical state.

As discussed earlier, little primary research has been conducted on sports therapy with marginalized populations. Nursing research should continue to focus on the importance of physical activity, even if a person is without a home. It helps relieve stress and, given that shelter food is not typically healthy, it is a way to burn calories. Such activities boost a person's self-esteem. The long-term affects would be of particular interest. For example, did the youth develop patterns of using physical activity on a regular schedule or did the youth's communication skills improve from dialogues of the session?

Education is key regarding this topic. The lack of community knowledge regarding homeless youth in Minneapolis is unfortunate. People need to be educated on the circumstances and conditions surrounding this group. As a nurse, it is important that the community, politicians, and public leaders are educated on these conditions. Then, people can better understand the need for such group as the sport group or outreach work. A community cannot be healthy without supporting and understanding one another (Wendell, 1994).

CHAPTER SIX: RECOMMENDATIONS AND REFLECTIONS

Recommendations for improvement of the group would be to have the sports therapy group for a year, instead of a few months. It took a handful of groups to get a sense and analyze what would work and be most effective for the youth. Being a small group, with people who previously knew each other, allowed for opened discussion. One obstacle for the youth was the availability of tennis shoes and sports apparel. If a group of this kind occurred again, the author would recommend finding funding for these resources.

The author of this discussion was able to grow both personally and professionally throughout this process. The most impactful experience of this project was the level of knowledge, insight, and understanding that the nurse was able to obtain regarding homeless youth and the circumstances they face. The nurse was able to take the knowledge previously obtained, and use this knowledge to develop a culturally congruent program. The nurse was able to understand, something that is not easily obtained of such a hidden population.

Following each session, the nurse wrote in a journal reflecting on the group as a process and interactions that occurred. At first, the nurse wrote of her surprise of the level of participation of the youth, especially when people were laughing and joking with one another. It was almost contagious. Also, the more the nurse and staff used positive communication, the youth followed. This was not always the case, but was noted through the journal entries.

The nurse had worked previously with the staff in the emergency services department, where they conducted group twice a day. This prior knowledge helped the

nurse in a multiple of ways. She was able to have a basic understanding of the flow of holding a group session, had established relationships with staff, and knew what level of participation to expect and how it could change hour to hour depending on the youth. Having this insight, allowed the nurse to recognize changes in the youth following the sports group. It would have limited the effectiveness of the group had the nurse not have prior participation. The importance of relationships was reflected in this incidence.

The setting itself helped the flow of the sessions. The youth enjoyed leaving the shelter and either being outside or in a gym. Also, staff articulated an appreciation of being able to change environments. It was a way for the youth to leave the setting that was a reminder of their circumstances and stress, to go be youth and release energy.

The sports group was an activity that unraveled throughout the session. For example, it never went according to plan. But, it allowed for the group to be changed to better fit the participants. Sometimes youth were not engaged or were distracted by the current situation. This just meant that the nurse had to change focus, or make the group less personal in order to facilitate some form of therapy. Also, sometimes the youth did not like the game selected for the day. In these circumstances, the nurse and staff would select another game to play and would apply the same therapy principles to the new game. Also, some groups had short attention spans. In those times, two games may have been played in the hour session.

Another challenge that surfaced throughout the group occasionally a youth would not want to participate in the group. During these times, the nurse would try to work with the youth to discover his or her hesitation. The focus of the nurse was that the youth did not feel they were not being included in the activity. Often times, these youth were given

a “referee” role or were asked to keep score. Typically they would end up participating after awhile.

The author of the discussion had previous experience with program development, but not to this extent. This procedure allowed the author to learn of the barriers and limitations that program developer’s encounter. The author became aware of the importance of patience and flexibility when starting a new initiative. Shelter staff, Kenwood Community Center workers, Right to Play personnel, and Augsburg College professors were a source of support and constant guidance throughout the progression. The nurse learned of the importance of using unconventional methods to establish trusting relationships with marginalized populations. The program allowed the author to develop higher levels of compassion for homeless youth and the importance of grassroots as well as nonprofit organizations. Also, it displayed the need for nurses to be involved with funding and political decisions that affect the circumstances involving the homelessness is crucial.

The process of implementing and reflecting on the sports group allowed for personal and professional transformation of the nurse, as indicated throughout this discussion. Personally, the nurse learned of the importance of concise and positive communication. Allowing the youth to be in control of certain aspects of the group allowed for heightened levels of participation. The nurse was able to discover activities that limited the quality of the interaction. An example of this is when a particular youth was not paying attention and was off playing with a ball by him self, instead of participating. The first time, the nurse told him to come and pay attention. He did not

respond well to this. He just kept playing with the ball. The second time, a staff member went over the youth and started playing with the ball with him. The staff member then took the ball and said, “Let’s go be with the group buddy.” The youth was then more engaged. It’s all about the communication with the youth.

The journaling process allowed for the nurse to reflect on the quality of interactions and the relationships that unfolded throughout the process. For example, the nurse was able to realize the dynamics involved with having a group. The level of connectedness of the group was heightened if the youth had prior interactions with the nurse. Also, the group aspect allowed youth to support each other and they helped one another articulate his or her feelings during the therapy part of the group.

The nurse was at first overly concerned with the tasks aspect of organizing such an event. She learned throughout the relationship the importance of being present and the practice of intentionality. It was reflected in the journaling process that it was not the most important thing that the game selected was successful or the setting was right. It is about the quality of interaction that could be reached. For the most part, the setting or game were in constant change and not controllable. This is where the nurse learned the importance of letting the relationship unfold and to be focused on being there to show support to the youth.

The overall process transformed the nurse into a stronger, more knowledgeable nurse. First, the nurse was able to learn more fully the circumstances affecting the youth as well as the process of program development. Second, the nurse learned the value of letting go of control or the process, and trusting that the relationship would unfold the way it should. Third, the lack of physical activity in the youth was shocking. Nurses

need to work on focusing on the importance and benefits of physical activity with all patients. Fourth, the value of teamwork could not have been more important in hosting the sports therapy group. Fifth, the resiliency witnessed in the youth was amazing. This experience was life changing to the nurse. It allowed her to gain entrance into a marginalized population, permitted her to challenge herself professionally, and let her personally understand the importance of communication and a community.

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Appendix A

Kickball and Identifying Personal Strength

Goal: *To work as a team to identify each other's strengths and positive attributes to the group*

Equipment: bases and a ball

How to play:

1. Explain the theme of the group: *Identify Personal Strengths*
2. Split the group into two groups.
3. Explain the rules and scoring (same as baseball)
4. If a player scores, they must answer the question that is posed at the beginning of the inning.
5. During the first inning a scorer must identify a personal strength to the group
6. During the second inning, a scorer must identify a personal strength of another youth present
7. During the third inning, the scorer must identify a strength of a person in whom they are in conflict, such as a parent or a friend.
8. Score is not kept.
9. Gather the group together. In a circle, each individual must identify a weakness they have and how they can turn it into a strength.
10. Gather the group in a group cheer and provide everyone with water.

Appendix B

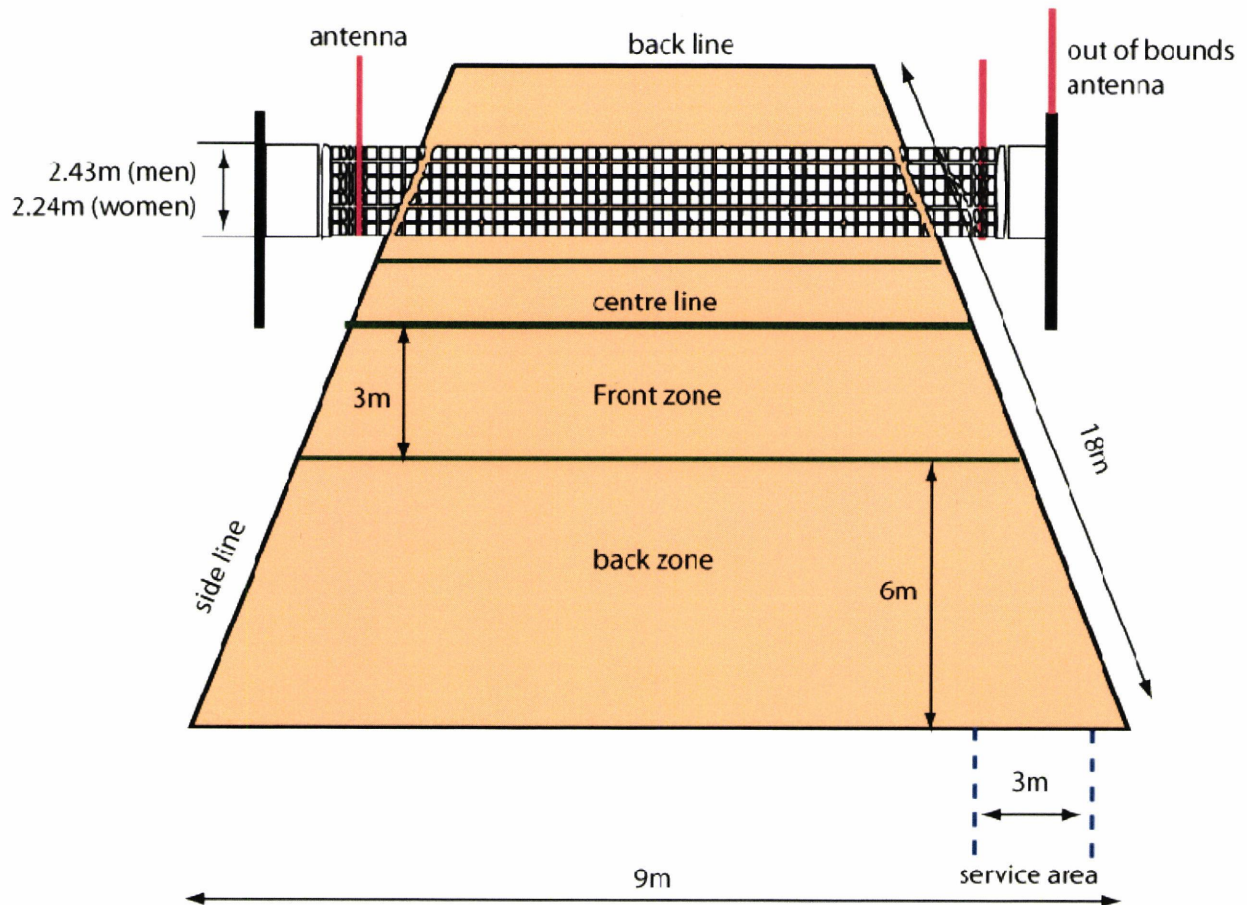
Soccer Ball and Positive Communication Skills

Goal: *To identify positive ways of communicating to others while engaging in physical activity*

Equipment: volleyball and net

How to play:

1. Explain the theme of the group: *Positive Communication Styles*
2. Split participants into two groups
3. Explain the rules of the game. Rules are similar to volleyball except that the ball can bounce twice before a player hits it as well as players can hit or kick the ball over the net. Only 3 hits on each side.
4. Play 3 games to 5
5. After the first game, have players, starting with the winning group, identify example of positive ways to communicate.
6. After the second game, have players, starting with the winning group, identify ways of negative communication
7. Following the third game, have players, starting with the winning group identify times when communicating effectively are important.
8. If the group wants, continue to play another game to 10 points.
9. At the end of the games, have the group gather in a circle. Individualizes in the group are then asked to share a time when he or she had personal trouble communicating effectively, and what the youth could have differently to communicate positively
10. Finish with a group cheer and provide water for the participants.



Variations

*If someone is not willing to participate, speak with him or her one and one and identify the barriers involved to his or her involvement. Find a solution together. For example, if the youth does not want to play, ask him or her to at least stand on the court with his or her team. Usually, the youth will end up participating shortly after the game has begun.

*If there is more staff than youth, ask a staff member to be a referee.

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